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JC474 U.S. PTO
 09/624445

 07/24/00

	<i>No. of Claims</i>		<i>No. of Extra</i>	<i>Rate</i>	<i>Fee</i>
Basic Fee					\$690.00
Total Claims	20	-20		x \$18.00	0.00
Independent Claims	5	-3	2	x \$78.00	\$156.00
<input type="checkbox"/> Multiple Dependent Claims Presented \$260.00					
Total Filing Fee:					\$846.00

Sun Docket No.: P5297 /RSH

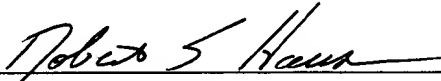
☒ The Commissioner is authorized to charge the above fees and any fees beyond this amount which may be required, or to credit any overpayment; to Deposit Account No. 19-4974.

☒ Please send correspondence to the following address:

**Patent Operations Manager
SUN MICROSYSTEMS, INC.
901 San Antonio Road, M/S UPAL01-521
Palo Alto, California 94303-4900**

Date: 7/24/00

Sun Microsystems, Inc.


Robert Scott Hauser
Registration No.: 37,847
Attorney for Applicant(s)

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